



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES SECTION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1145
PHONE (615) 741-5062
<http://funeral.tn.gov>

**ANNUAL REPORT OF TRUSTEE ON CEMETERY COMPANY'S
MERCHANDISE AND SERVICES TRUST**

Note: This report must be completed and received no later than seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. Mail this report to Burial Services at the address above.

For the fiscal year beginning _____, 20____ and ending _____, 20____.

I. GENERAL INFORMATION

1. TRUSTOR:

- A. Cemetery company name: _____
- B. Cemetery company address: _____

- C. Trust identification (style and number): _____

2. REPORTING INSTITUTION:

- A. Name: _____
- B. Address: _____
- C. Trust Officer: _____
- D. Information Contact: _____
- E. Phone Number: _____

II. STATEMENT OF CHANGE IN TRUST FUND (Based on Cost)

- | | | |
|----|---|----------|
| 1. | Beginning balance: | \$ _____ |
| 2. | Additions: | |
| | a. Payments received from cemetery company: (Schedule III) | \$ _____ |
| | b. Other: (explain) | \$ _____ |
| 3. | Investment Earnings: | \$ _____ |
| 4. | Deductions: | |
| | a. Distribution to cemetery company for delivered/cancelled M&S | \$ _____ |
| | b. Withdrawal pursuant to "120% Rule" | \$ _____ |
| | c. Other (explain) | \$ _____ |
| 5. | Ending Balance | \$ _____ |

(OVER)

III. MEMORANDA FOR RECONCILIATION

List all deposits to the merchandise and services trust fund received from the cemetery during this period.

DATE/AMOUNT	AMOUNT	DATE/AMOUNT	AMOUNT

IV. ASSETS OF TRUST FUND AT END OF REPORTING PERIOD

	COST	MARKET
1. Cash & Equivalents	\$ _____	\$ _____
2. Equities	\$ _____	\$ _____
3. Fixed Income	\$ _____	\$ _____
4. Real Estate	\$ _____	\$ _____
5. Loans:		
a. Mortgages	\$ _____	\$ _____
b. Other _____ (explain)	\$ _____	\$ _____
6. Other _____ (explain)	(\$ _____)	(\$ _____)
7. Total:	\$ _____	\$ _____

V. TRUSTEE'S CERTIFICATION

STATE OF TENNESSEE

COUNTY OF _____

I, _____, duly elected and serving as _____ of
(Name of bank or trust company) _____, trustee of the
merchandise and services trust above named and described, being first duly sworn, do hereby affirm that the information
contained in and submitted with this report is complete, true and accurate.

X _____
(Trustee's Signature)

(NOTARY SEAL)

Sworn to and subscribed before me this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary's Signature: _____